VS A15 (4) 15M 10/57 M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
0010					

3819 CERTIFICATE OF DEATH

()3762

			1 110.
	1. PLACE OF DEATH o. COUNTY SEMERSET MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY & IV	e before admission) 1 E R S C T
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIFETIME	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	ve nearest fown)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HIS LATE HOME	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) TOHN Middle	Lost 4. DATE Month OF DEATH MARCH	Day Yeor 4 19 60
	5. SEX ALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEGRO WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Doys Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIES OF WORKING life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CUTI 12. CUTI 12. CUTI 13. BIRTHPLACE (Stote or foreign country)	ZEN OF WHAT COUNTRY?
/	13. FATHER'S NAME BECKETT	MAGGIE FIELDS	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown)	NFORMANT Address ARY BECKETT THORC	E MA
	18. CAUSE OF DEATH [Enter only one cause per line for (o): (b) ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) CEPEDRAL thr DUE TO	rombosis	INTERVAL BETWEEN ONSET AND DEATH 3days
	Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse last.</u> Conditions, if ony, which (b) DUE TO (c)		
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CETEBRAL STATE OF CETEBRAL STATE OF CETEBRAL STATE OF CETEBRAL STATE OF CENTRE OF CONTRIBUTING COURTER 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING COURTER OR CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT CONTRIBUTING TO		1(o) 19. WAS AUTOPSY PERFORMED? YES NO K
		D. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (Coctory, street, office bldg., etc.)	ounty) (Stote)
,	LACTUAL SILO TO STATE STATE OF THE STATE OF	2, 19, to 3-4-60, 19, that I to accurred at 3AM, fram the causes and an the ADDRESS (Street, city or town, state) M.D. Princess Anne, Maryland	e date stated above. DATE SIGNED
-	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF ST. CHARLES	22d 19CATION (City, town, or county) LES HANCE M	(Stote) ARYLAND
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN MAR 1 5 '60 Carling S.	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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- 1												
1		PLACE OF DEATH a. COUNTY	Somerset		MARYLA	0 9	JAL RESIDENCE (WHOSTATE Maryla		1	on: Residence Somera		ssian)
		RURAL and give n	If autside carporate limit earest tawn) Crisfield		LENGTH OF STAY IN	16 c. 6	Crisfi		ate limits, write R	URAL and g	give nearest to	∾n)
		d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ive street addr ad	ress)	d.	STREET ADDRESS Marine	ers Ros	ad		ON	SIDENCE A FARM?
		NAME OF DECEASED (Type ar print)	Fin LAU		Middle HOLLAND	BLA	Last DES	4. DATE OF DEATH	Mare		Doy 5	Year 19 60
	5. :	Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED DIVORCED [of BIRTH 21, 1871		9. AGE (In years last birthday) 88 yrs.		Days Haur	7
	L	during most of war	ON (Give kind af wark d king life, even if retired) Wife		t Home		Crisfield,	Mary			S A	COUNTR
	13.	FATHER'S NAME	John Hollan	d			Harris	Lankf	ord			
	(Ye	WAS DECEASED EV	R IN U. S. ARMED FORG		ne	Mrs.	Avalon Rig	gginI	Add E. Chesa		Ave	risf
ř		331X	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO	, Cere	eralined	arte	n Occ	rolens	4		Unch	DEATH
0	ATION	33/X Canditians, if a gave rise to cause (a), stating lying cause last.	IMMEDIATE CAUSE (a) DUE TO Iny, which (b) mmediate	, Cere , Tens	bral Va	arte	risselens		CONDITION GIV	/EN IN PART	Unch	AUTOPS ORMED?
0	EDICAL CERTIFICATION	Canditians, if a gave rise to cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Haur a.m.	IMMEDIATE CAUSE (a) DUE TO Iny, which mediate the under (c) HER SIGNIFICANT CONI AS UNDERLYING AS UNDERLYING AUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yeo	DITIONS CON DITIONS CON DITIONS CON DITIONS CON While 20b. DESCRIBI	tributing to DEATH TRIBUTING TO DEATH TRIBUTING TO DEATH TO DEA	H BUT NOT RE CURRED. (Enter	LATED TO THE TERMI	NAL DISEASE Part I ar Part , 1 20f. (City	II af item 18.)		Unch	noen
0	RTIFI	Canditians, if a gave rise to cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Haur a. m. p. m. 21. I certify the saw the deceded.	IMMEDIATE CAUSE (a) DUE TO Iny, which mediate the under (b) HER SIGNIFICANT CONI COLUMN (c) HE	DITIONS CON Log Log 20b. DESCRIBI Tr 20d. INJUR While at wark	tributing to DEATH LAND TO DEA	H BUT NOT RE URRED. (Enter De. PLACE OF factory, str	LATED TO THE TERMI nature of injury in I INJURY (Home, form eet, office bldg., etc.	Part I ar Part , 20f. (City	Il af item 18.) ar tawn)	(0	Unch T 1(a) 19. WA PERI YES [Caunty) Caunty)	S AUTOPS ORMED? NO [(Sta
/	CERTIFI	Canditians, if a gave rise to cause (a), stating lying cause last. PART II. OT 20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF) 20c. TIME OF INJU Hour a.m. p. m. 21. I certify the	IMMEDIATE CAUSE (a) DUE TO Iny, which mediate the under (b) HER SIGNIFICANT CONI COLUMN (c) HE	DITIONS CON. 200. DESCRIBION While at wark 1 attended 3 5	tributing to DEATH LAND TO DEA	H BUT NOT RE URRED. (Enter De. PLACE OF factory, str am. 5/5' M.D. Pri	LATED TO THE TERMI INJURY (Hame, farm eet, affice bldg., etc.) Coccurred 200 TTENDING MI	Part I ar Part , 20f. (City) Amount	II af item 18.) ar tawn) 3 / 5- the causes an	19.6 and an the	Unch T 1(a) 19. WA PERI YES [Caunty) Caunty)	S AUTOPS ORMED? NO [

SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital or attending physician.

JERAL DIRECTOR: After this certificate has been signed by the ottending physician and cample VR A15 (4) 15M 9/59

Not to any property Manager attending of the colorest Sense and a Mary Level on State - It Time success the latter to the latt ALCOHOL SELECTION OF THE SELECTION OF TH THE STATE OF THE S Mr. 1960 Entre Courses Courses Color, 1960

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CERTIFICATE OF DEATH

3020	0_1(1.11.01.			
1. PLACE OF DEATH o. COUNTY Somerset	MARYLAND	2. USUAL RESIDENCE (When o. STATE Marylane	d e deceased lived. If institution: b. COUNTY	Residence befare odmission) DMCTSet
b. CITY OR TOWN (If autside carporate limits, w RURAL and give nearest tawn) Marion Station		c. CITY OR TOWN (If out:	side carporate limits, write RURA	L and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give s OR INSTITUTION . F. D.	treet address)	/d. STREET ADDRESS R. F. D	•	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First CHARLE (Type or print)	Middle ASBURY	CLUFF	OF DEATH March	Day Year 6 19 60
	MARRIED NEVER MARRIED DOWED DOWED DIVORCED	B. DATE OF BIRTH July 28, 1873	last birthday)	UNDER 1 YEAR IF UNDER 24 HRS anths Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af work dane during mast af warking life, even if retired) Retired Farming	10b. KIND OF BUSINESS OR INDU. Farming	Marion Sta		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George I. 6luf	f	14. MOTHER'S MAIDEN NA Margar	et Coulbourne	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)		rs. Thomas Rig	Address ginMarion Sta	ation, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), stating the under- lying cause last. (c)	Couts Dil 7	Heat We excele Olive	e niger fells	yero
PART II. OTHER SIGNIFICANT CONDITION 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONS CONTRIBUTING TO DEATH BUT OFFICE OF THE STATE OF THE	Ruses		IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
Haur a.m.	20d. INJURY OCCURRED 20e. PL While Nat while to wark at wark	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
21. I certify that (I) (this hospital) at saw the deceased alive on. 1724.2	tended the deceased from.	deoth accurred at		n 19 <u>60</u> , that (I) (we) last on the date stated obave.
220. SIGNATURE Couldne		M.D. PHYS. MED		22b.DATE SIGNED
	Coulbourn, M.D.		Station, Md.	
23g. BURIAL, CREMATION, REMOVAL (Specify) Mar. 8,1960	23c. NAME OF CEMETERY C	tist Cemetery	Rehobeth, Md.	
24. FUNERAL DIRECTOR'S SIGNATURE Bradshaw	& Sons-Crisfiel	d, Md. DATE	RY REGISTRAR 256. REGISTA	AR'S SIGNATURE

HAIR SOUTH ATTACHED HAR THAT YEAR OF

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VS. A15ME(5) 5M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

()3765 Reg. Dist. No.

	W 0 004 1			Un statted promp		1 10 1 10 1 11		
1. PLACE OF D	Somerset		MARYLAI	O STATES -		sed lived. If institu		before admission)
b. CITY OR T	OWN (If outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	b c. CITY OR TO	WN (If outside cor	rporate limits, write	RURAL and give	e nearest town)
Orio	_		59 years	X Orio	le			
d. NAME OF	HOSPITAL OR INSTITUTION (If not in hos	pital, give street oddress)	d. STREET ADD	RESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or prin	Fir Verno		Middle	Davis	4. DATE OF DEATH	March		y Year 19 60
5. SEX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED			9. AGE (In years	IFUNDER TYE	
male		WIDOWE		Sept.29	1900	last birthday) 59 yrs.	Months Days	Hours Min.
during most o		dane 10b. N	CIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE		00	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S N				14. MOTHER'S MA	IDEN NAME			
	omas Davis			Kathry	n Davis			F() (2)
15. WAS DECEA	ASED EVER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17	7. INFORMANT		Address		
	no			Mr Thomas	s Davis	Oriole	Md.	
Condition gave rise t (a), stating cause lost		Clu Clu Bro	te Corona	reliant S relia, co	Disea plitis,		1	Mouth Nowth
CATIO	Bleptie	Loc	years -				EN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO
	TOURING TO I	b. Describi	HOW INJURY OCCURRED). (Enter nature of injury	in Port I or Part I	l of item 18.)		
20c. TIME C	DF INJURY Month, Day, Yea a. m. p. m. 19	While		PLACE OF INJURY (Hom factory, street, affice bld	e, form, 20f. (Citig., etc.)	y ar tawn)	(County)	(Stote)
	suited from: Notural	_	~			Inspection (1), Indetermined o		ond find that
ACTUAL SIGNATUR	E HOJE K	nse	_	M.D. CHIEF MEDI	CAL EXAMINER]		DATE SIGNED
EXAMINER NAME (Typ	R. H. Jo1	7715	son	DEPUTY ME	MEDICAL EXAMINER	VIVI	uch 2.	5-1960
220. BURIAL, CR REMOVAL OUP 1	REMATION, 22b. DATE THEREO (Specify) 3- 27-6		22c. NAME OF CEMETERY Oriole (or crematory Cemetery	22d. LOCA	ole. Mar	yland	(State)
23. FUNERAL DI	RECTOR'S SIGNATURE		ADDRESS		REC'D BY REGIS	7	TRAR'S SIGNAT	URE
Lein	mR 111:0	7	Princess A	inne. Md	TE APR 1	'60	7.71 . 0 4	

	ENTINGATE OF DEATH	DICAL EXAMBLER'S C	HAM TORS	
3 - 6				
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	3022	CERTIFIC	AIE OF DEAIR		Reg. I	Dist. No.	
a. COUNTY	Somerset	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryl			lence before o	
RURAL and give n	If outside corporate limits, write earest tawn) INCESS Anne	c. LENGTH OF STAY IN 16	Rural Prin			d give neares	t town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stree	et address)	d. STREET ADDRESS			-	S RESIDENCE ON A FARM? EST NO
3. NAME OF DECEASED (Type or print)	Willaam	C Middle	Griffith	4. DATE OF DEATH	Mar.	19	Yeor 19 6
male		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 19,18		(In years orthogy) Wonths		UNDER 24 H
Farming	ON (Give kind of wark done 101 king life, even if retired)	b. KIND OF BUSINESS OR INDI	Maryland	£	12. C	U.S	HAT COUNTR
	iam J. Griff:		14. MOTHER'S MAIDEN N	Clayvil	le		
1S. WAS DECEASED EVE (Yes, no, or unknown) NO	ER IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	a. 1	INFORMANT rs. Annie Gi	riffith	Address Princes:	s Ann	e, Md
	ATH [Enter only ane cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), ond (c).]		F-9446		INTERV	AL BETWEEN
Conditions, if c gave rise to in cause (o), stating lying cause lost.	the <u>under-</u> DUE TO						
S S	ner significant conditions generalized a				ITION GIVEN IN PA		was autops performed? es No 1
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Part I or Port II af it	em 18.)		
Y 20c. TIME OF INJUI Hour o. m. p. m.	Whil		LACE OF INJURY (Home, form octory, street, office bldg., etc.		1)	(County)	(Sto
alive an3=	nat I attended the deced	ased fram Jan 19	h accurred at 7A	M, fram the co	uses and an t y or town, state)		
PHYSICIAN'S NAME (Type)	Everett (C.Sutter ND	M.D. Prince	ss Anne.	, Ma	3=2(-90
220. BURIAL, CREMATIC REBUYAL Specify	3/21/60	Parsons C		Salisb			(Stote)
FUNERAL DIRECTOR	S SIGNATURE	ADDRESS Princess	Anne Mobate	AR 2 8 '60	24b. REGISTRAR'S	SIGNATURE & Trave	4

24 haurs ofter death. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registror prior to buriol, cremation, or removal, and in any event within 72 hours after death.

PITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed

VS A1S (4) 1SM 9/SB

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	After an explan			
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	13 (9/10)			

VS A15 (4) 15M 9/5B M

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY	m	MARYLAND	a. STATE		C-C-111 1771	e befare admission) $RSET$
b. CITY OR TOWN (If autside con RURAL and give nearest tawn) CRISFIE	rporate limits, write c. LET	NGTH OF STAY IN 16	c. CITY OR TOWN (LAND If autside carporate limits FIELD		
d. NAME OF HOSPITAL (If not in	haspital, give street address	IALHOSP	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First SENESA	Middle	HOR SEY	4. DATE OF DEATH MAR	Manth 2 CH	3 Year 19 60
5. SEX 6. COLOR WHI		NEVER MARRIED NO DIVORCED	B. DATE OF BIRTH MAY 4, 1	871 9. AGE (last bi	44 1 1	YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kir during mast af working life, eve Housewife	en if retired)	OF BUSINESS OR IND Home	USTRY 11. BIRTHPLACE (SH			I.S.A.
13. FATHER'S NAME EDGAR W. H	ORSEY		14. MOTHER'S MAIDE	· HICKMAI	V	
15. WAS DECEASED EVER IN U. S. A (Yes, no, or unknown) (If yes, give wa No Nor	or or dates of service)	security No.	WELL DAUG	HER TY	CRISFIE	ELD, MD.
Canditions, if any, which gave rise to immediate cause (a), stating the <u>underlying cause last.</u> PART II. OTHER SIGNIFIE	DUE TO (b) DUE TO (c) CANT CONDITIONS CONTRI	BUTING TO DEATH BU	UT NOT RELATED TO THE TE	RMINAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX	ING 20b. DESCRIBE HOF DEATH	OW INJURY OCCURE	RED. (Enter nature of injury	in Part I or Part II af ite	n 18.)	YES NO
20c. TIME OF INJURY Manth, Haur a. m. p. m.			PLACE OF INJURY (Hame, foctory, street, office bldg.,		(Co	aunty) (State)
21. I certify that I atter alive an MAR.CHs ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SAR.A.	3 , 19 60	end that deal	th accurred at 12	NAGAN the cou ADDRESS (Street, city IN STREE	uses and an the ar tawn, state)	st saw the deceased date stated above DATE SIGNED
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial Mar.		NAME OF CEMETERY		22d. LOCATION (Cit	y, tawn, ar caunty) I, Maryland	(State)
23. FUNERAL DIRECTOR'S SIGNATUR Bradshaw & Son		DDRESS Maryland	24a. R		ather S. H.	

ST STOWN LINES HIT ASH ACL IN SANTAST LOVATE CRALLY SAN TACHTAN TO A TACHTAN T patrat water the second of the second a talk of claim in talk and the life control position for my makers for a see factor bearigniff confitures about the confiture

_						Keg. Dist.	No.
1	. PLACE OF DEATH a. COUNTY Sc	omerset	MARYLAND	II a STATE	/here deceased lived. If i b. co Some i	nstitution: Residence	before admission)
	b. CITY OR TOWN (If a RURAL and give near	utside carporate limits, write	c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	autside carporate limits,		e nearest tawn)
_	Princess	Anne	5 month	X Eden	R.F.D. 2	5	
	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Fint Walter		gersol	4. DATE OF DEATH ME	Month arch 13	Day Year 19 6 0
5	male 6	white widow		8. DATE OF BIRTH Julyl. 1892	9. AGE (In lost birth	nday) Manths De	YEAR IF UNDER 24 HRS. Dys Hours Min.
10	0a. USUAL OCCUPATION	(Give kind of work done 10b.				yrs. 12. CITIZE	N OF WHAT COUNTRY
	farmer	g life, even if retired)		Marvlan			S.A.
1;	3. FATHER'S NAME			14. MOTHER'S MAIDEN		10.	U.A.
	John S.	Ingersol		Amelia	Taylor		
1!	S. WAS DECEASED EVER I	N U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17	INFORMANT		Address	
,	(IF)	yes, give wor or dates of service)	U Blest In	Fred Taylor	. Eden. Md		
2	Conditions, if any, gave rise to imm cause (a), stating the lying cause lost.	p under- c) under- c)		infarction			onset and peath minutes
CEPTIFICATION	Progres		muscular a	trophy			PERFORMED? YES NO
		UNDERLYING 20b. DES I CAUSE OF DEATH EDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Part I ar Part II of item 1	18.)	
AMEDICAL	20c. TIME OF INJURY Haur a. n. p. m.	Manth, Day, Year 20d. II 19 While at war	k at wark	PLACE OF INJURY (Home, far factory, street, affice bldg., et	c.)	(Cou	inty) (State)
	alive on 3-1 ACTUAL SIGNATURE PHYSICIAN'S	verex C	fulle	th occurred at 5A	-13-60 , 1M, from the country of	ises and on the tawn, state)	DATE SIGNE
2	NAME (Type) F.	verett C.Su	22c. NAME OF CEMETERY	OF CREMATORY	22d. LOCATION (City,		
Ī	REMOVAL (Specify)	3-15-60	Allen Cen			Id.	(State)
23	3. FUNERAL DIRECTOR'S S		ADDRESS			. REGISTRAR'S SIGN	ATURE
1	Lownork	AAL DOOR P	rincess Apr	e. Nd. DATE	MAR 1 7 '60	arthur S.	Kraus

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 illed in by the funeral director, Pages 1 and 2 shauld be filed with be retained by the haspital or attending physician.

NERAL DIRECTOR: After this certificate has been signed by the attending physician and camples page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. The registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 9/55

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	Territa III	100	
THE	ST Calendary D		
		transical adjustments (Edit glates 1 III II- les esterilles
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VS A15 (4) 1SM 9/5S

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3824 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

8		0	3	7	63)
Reg.	Dist.	No.	7	6	F	

n. PLACE OF DEATH	Somerset		MARY	61	a. STATE	DENCE (Wh		lived. If instituti b. COUNTY			odmission)
b. CITY OR TOWN (I RURAL and give no	outside corporate limie earest town Smith Isla		c. LENGTH OF STAY	IN 1b			utside corpor Island	ote limits, write R	URAL ond g	jive neare	st town)	
d. NAME OF HOSPIT OR INSTITUTION	FAL (If not in hospitol, g	ive street (oddress)		d. STREET A	Well					IS RESIDI	ARM?
3. NAME OF DECEASED (Type or print)	CHARI		Middle GOULD	JON	ES Los	st	4. DATE OF DEATH	March	nth	Day	Yes	60
s. sex Female	6. COLOR OR RACE	7. MARR	IED MEVER MARRIE		ug. 12			9. AGE (In years last birthday) 71 yrs.			Hours	24 HRS. Min.
Housewife	ON (Give kind of work king life, even if retired)	KIND OF BUSINESS O		Ewel	l, Smi	ith Is	untry) land, Md		S A	WHAT CO	DUNTRY?
3. FATHER'S NAME	ndrew C. Ty	ler			14. MOTHER'S		te Mes	st ek				и
WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO	1	DRMANT		- 7.7	ell, Mar				ij.
Conditions, if a gove rise to i carse (a), stating lying couse last.	mmediate (Hy Ar	rebral Hem vpertensiem teriescler		ge						hou	
PART II. OTI	HER SIGNIFICANT CON		CONTRIBUTING TO DEA	ATH BUT NO	OT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART		WAS AU PERFORM	ED?
20a. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY O	CCURRED.	Enter noture o	of injury in F	Port I or Part	Il of item 18.)		1		
20c. TIME OF INJUF Hour a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED Not while t of work	20e. PLAC factor	OF INJURY (y, street, offic	Home, form e bldg., etc.	, 20f. (City	or town)	(C	ounty)	15	(Stote)
actual SIGNATURE	nat i attended the rch 30 Villiam H.	196	on, and that			5:17 A	ADDRESS (Sh	30, 1960 the causes of reet, city or town,	and on th	Marc	stated DATE	abave.
220. SURIAL, CREMATIC REMOVAL (Specify) Burial	April 3,	1960	22c. NAME OF CEMI Ewell Ce					ION (City, town, L1, Smit)		ınd,	(Stote)	
23. FUNERAL DIRECTOR		& Son	ADDRESS La—Crisfie	ld, M	d.	240. REC'I	R 1 '6		STRAR'S SIG	4 .		

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	38	CEI	RTIFICATI	E OF DEAT	Н				
1. PLACE OF DEATH o. COUNTY	Somerset		MARYLAND	usual residence	(Where deceased liv	red. If institution b. COUNTY	n: Residence bef		n) 🗸
b. CITY OR TOWN (RURAL and give n	If outside corporate limit earest tawn) Crisfield	c. LENGTH O	F STAY IN 16	c. CITY OR TOWN	(If outside corporate	limits, write RL	JRAL and give ne	earest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, gi	ve street address) /sonia		d. STREET ADDRESS	D. Lawso	nia		e. IS RESID ON A FA	ARM?
3. NAME OF DECEASED (Type or print)	PAUL	MANUEL	Middle STERLI	NG LEE	4. DATE OF DEATH	March		Yeay Yea	60
s. sex Male	6. COLOR OR RACE Negro	7. MARRIED NEVER			959	AGE (In years lost birthday) O yrs.	Months Days	R IF UNDER Hours	24 HRS Min.
10o. USUAL OCCUPATI during mast of wor None	ON (Give kind of work d king life, even if retired)	one 10b. KIND OF BUSI	NESS OR INDUSTR		tote or foreign cound, Maryla	A	U S A	F WHAT CO	UNTRY
13. FATHER'S NAME	Linwood Le			14. MOTHER'S MAIDE	eggy Sterl	ing			1
1S. WAS DECEASED EVI (Yes, no, or unknown)	ER IN U. S. ARMED FORG			wood Lee-	R.F.D. Le	Addr wsonia-		eld, M	id.
Conditions, if of gove rise to cause (o), stoting lying couse lost. PART II. OT 200. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)	the under-		TO DEATH BUT N	OT RELATED TO THE TE	erminal disease C	ONDITION GIV	EN IN PART 1(0)	PERFORA	JTOPSY MED? NO
20g. ACCIDENT W OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW IN	JURY OCCURRED.	(Enter nature of injury	in Part I or Part II	of item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yeo	v 20d. INJURY OCCUR While Not while of work at work	facto	E OF INJURY (Hame, ry, street, office bldg.,		town)	(County	7)	(Stote
	at (I) (this hospital			/				e stoted o	
22c. PHYSICIAN'S NAME (Type)	Sarah M. P	eyton, M.D.	ten M.	22d. ADDRESS	MED. DIRECTOR Ct.—Crisi	STAFF D	/d.		SIGNE
23a. BURIAL, CREMATION PERSONAL (Specify			of CEMETERY OR			N (City, town, c		(State)	
24. FUNERAL DIRECTOR		ADDRESS			MAR 1 4 '60		thus S. Kin		

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
3827	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

03772 Reg. Dist. No.

-							
1	. PLACE OF DEATH		MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If inst b. COUI		ore admission)
-		OMERSET			LAND	SOMER	the spent on
	RURAL and give near	outside corporate limits, write rest tawn)	c. LENGTH OF STAY IN 16	4- ~	outside corporate limits, wri	te RUKAL and give ne	arest town)
-		SFIELD	32 YRS.		SFIELD		
1	OR INSTITUTION	L (If nat in hospitol, give street		d. STREET ADDRESS	~		e. IS RESIDENCE ON A FARM?
F		CCREADY MER		MAI	N STREET		YES NO
3	NAME OF DECEASED (Type or print)	CHARLES	Middle C	STERLING.	J. DATE OF J.PEATH MAR		6 19 6 0
5	5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye last birthdo		R IF UNDER 24 HRS.
	MALE	WHITE WIDOW	ED DIVORCED	9-3-1927		yrs. Months Days	Hours Min.
Ī	On USUAL OCCUPATION	(Give kind of work dane 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT COUNTRY?
	Painter	I I I I I I I I I I I I I I I I I I I	Painting	MARYI	AND	U	S.A.
1	3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
		CLINTON	STERLING	1	PAULINE LA	WSON	
1		IN U. S. ARMED FORCES? 16.		NFORMANT		Address	
	Yes, no, or unknown)	WW 2	15-20-0154 E	LSIE STERI	TNG CRTS	FIELD.	MARYI. ANI
F	18. CAUSE OF DEAT	H [Enter only one cause per li		HOLE DIERL	IING, VILLO		TERVAL BETWEEN
ı	PART I. DEATH	WAS CAUSED BY:	+ 1 5	1 Van	in - Hom	on on	ISET AND DEATH
	591	MMEDIATE CAUSE (6)	yeure coops	raged on	ce c / vor	or and	- Mille
ı	001.0	DUE TO	3:0,				2 101-
	Conditions, if ony	mediate (D)	ecan ce	mases.			200
	cause (o), stoting th	e under. DUE TO					
1	lying couse last.	P SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TERM	UNIAL DISEASE COMBITION	COVENI DA DA DE TAN	10 MAS AUTORSY
0.4	PART II. OTHE	K SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT KEDATED TO THE TERM	RINAL DISEASE CONDITION	GIVEN IN PART 1(a)	PERFORMED?
		INDERIVANCE 206 DES	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port Lar Port II of item 18.	.)	153 1402
	(IF EITHER, NOTIFY M	L CAUSE OF DEATH I	CRIDE HOW HAJORT OCCORRE	o, temes nature of injury in	101110110111011101		
1010	20c. TIME OF INJURY Haur o. m.	While	Not while foo	ACE OF INJURY (Hame, fars story, street, office bldg., et		(County) (State)
3		ui woi	rk at work	<u></u>	2/11	12	
L	21. I certify tha	t I attended the deceas		, 19.5 4, to		(Athat I last sa	
ı	alive anMA	RCH_16, 19_0	$SQ_{}$, and that death	accurred at 11:			
ı		(1)	6		ADDRESS (Street, city or to	own, stote)	DATE SIGNED
	SIGNATURE	a. R.	Banga D	м.D	AIN STREET	5	7/17/60
	PHYSICIAN'S NAME (Type)	A. N. BARR	M.D.	(Crisfield,	MARYLA	ND
2	2g. BURIAL, CREMATION REMOVAL (Specify) Burial	226. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, to Crisfield,		(State)
2	3. FUNERAL DIRECTOR'S		ADDRESS			REGISTRAR'S SIGNATU	IRFA
	Bradshaw &	Sons, Crisfic	eld. Maryland	DATE	AR 2 1 60 24b. F	Environ di 1000	
1		" DOWN ON THE					

SESS CHARLOUS CONTROL STATES AND SELECTION PRODUCTION OF STREET . A. C. A. CVENTAND The Contract of the second sec her a Three to It. de la company de MARION OF STREET Adapter I all the property of the part of the same

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY DOMERSE MARYLAND buriol, b. CITY OR TOWN (If outside corporate limits, write RURA) c. LENGTH OF STAY IN 16 c. CITY OR TOWN Alf outside corporate limits, write RURAL and give nearest town) D e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO TO NAME OF DATE Month Day Year Middle DECEASED OF DEATH (Type or print) 1960 9. AGE (In years IFUNDER TYPAR IF UNDER 24 HRS. 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days Hours Min. WIDOWED M DIVORCED T YES. 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) EIRMAN 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. OLEIV INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY os PERFORMED? YES | NO N 20a. EXTERNAL CAUSE WAS PRIMARY | ar CONTRIBUTING | CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) shauld 20c. TIME OF INJURY Month, Day, Year 20e, PLACE OF INJURY (Home, form, 206 Tity or town) (Eounty) factory, street, office bldg., etc.) Not while o. m. of work of work 21. I certify that I took charge of the remains described obove, held on Autopsy Inspection X Inquiry and find that Suicide | death resulted from: Natural causes 1. Undetermined cause Homicide | | DATE SIGNED ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER FUNERAL **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) 22a. BURIAL CREMATION, 22b. DATE THEREOF 6 REMOVAL (Specify) 0 RISFIELA ADDRESS 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR DATE MAR 2 8 '60 arthur & Kraus

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